



**Uniform Application for  
Individual Non-Resident License**  
(Please Print or Type)

① Soc. Security Number				
② Last Name JR./SR. etc		③ First Name	④ Middle Name	⑤ Date of Birth (month) ____ (day) ____ (year) ____
⑥ Residence/Home Address (Physical Street)		⑦ P.O. Box	⑧ City	⑨ State ⑩ Zip
⑪ Home Phone Number ( ) -	⑫ Gender (Circle One) Male Female	⑬ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)		
⑭ Business Name				
⑮ Business Address (Physical Street)		⑯ P.O. Box	⑰ City	⑱ State ⑲ Zip
⑳ Business Phone Number ( ) -	㉑ Business Fax Number ( ) -	㉒ Business E-Mail Address		㉓ Business Web Site Address
㉔ Applicant's Mailing Address		㉕ P.O. Box	㉖ City	㉗ State ㉘ Zip
㉙ Assumed Business Name/Trade Name (See Matrix of State Requirements)				

**Agency or Business Entity Affiliations**

⑥0 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

**Employment History**

⑥1 Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State					
Name					
City State					
Name					
City State					
Name					
City State					
Name					
City State					

(State Use)

### Jurisdiction and Type of License Requested

② Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in the jurisdiction **to which you are applying**:

**License Types :** A – Agent

B – Broker

P – Producer

**Lines of Authority:** L – Life

H – Accident & Health or Sickness

P – Property

C – Casualty

V – Variable Life/Variable Annuity

A	License Type B	P	Jurisdiction	V	L	H	P	C	Previously Licensed? (jurisdictions you are applying to only)
			AK						<input type="checkbox"/> Yes
			AL						<input type="checkbox"/> Yes
			AR						<input type="checkbox"/> Yes
			AZ						<input type="checkbox"/> Yes
			CA			*			<input type="checkbox"/> Yes
			CO						<input type="checkbox"/> Yes
			CT						<input type="checkbox"/> Yes
			DC						<input type="checkbox"/> Yes
			DE						<input type="checkbox"/> Yes
	*		FL						<input type="checkbox"/> Yes
			GA						<input type="checkbox"/> Yes
			GU						<input type="checkbox"/> Yes
			HI						<input type="checkbox"/> Yes
			IA						<input type="checkbox"/> Yes
			ID						<input type="checkbox"/> Yes
			IL						<input type="checkbox"/> Yes
			IN						<input type="checkbox"/> Yes
*	*		KS						<input type="checkbox"/> Yes
			KY						<input type="checkbox"/> Yes
			LA						<input type="checkbox"/> Yes
			MA						<input type="checkbox"/> Yes
			MD						<input type="checkbox"/> Yes
	*		ME						<input type="checkbox"/> Yes
			MI						<input type="checkbox"/> Yes
			MN						<input type="checkbox"/> Yes
			MO						<input type="checkbox"/> Yes
			MS						<input type="checkbox"/> Yes
			MT						<input type="checkbox"/> Yes
			NC						<input type="checkbox"/> Yes
			ND						<input type="checkbox"/> Yes
			NE						<input type="checkbox"/> Yes
			NH						<input type="checkbox"/> Yes
			NJ						<input type="checkbox"/> Yes
			NM						<input type="checkbox"/> Yes
			NV						<input type="checkbox"/> Yes
			NY						<input type="checkbox"/> Yes
			OH						<input type="checkbox"/> Yes
	*		OK						<input type="checkbox"/> Yes
			OR						<input type="checkbox"/> Yes
			PA						<input type="checkbox"/> Yes
			PR						<input type="checkbox"/> Yes
			RI						<input type="checkbox"/> Yes
			SC						<input type="checkbox"/> Yes
			SD						<input type="checkbox"/> Yes
			TN						<input type="checkbox"/> Yes
			TX			*			<input type="checkbox"/> Yes
			UT						<input type="checkbox"/> Yes
			VI						<input type="checkbox"/> Yes
			VA						<input type="checkbox"/> Yes
			VT						<input type="checkbox"/> Yes
			WA						<input type="checkbox"/> Yes
			WI						<input type="checkbox"/> Yes
			WV						<input type="checkbox"/> Yes
			WY						<input type="checkbox"/> Yes

\* See Matrix of State Requirements

### Background Information

**Ⓔ The Applicant must read the following very carefully and answer every question:**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_\_ No \_\_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_\_ No \_\_\_\_

### Applicants Certification and Attestation

**34 The Applicant must read the following very carefully:**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Notary

- 35 Complete this section only if you are applying for licensure/registration in one or more of the required states. (Alaska, Arizona, Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Mexico, Oklahoma, South Dakota, Texas)**

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

### Attachments

- 36 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.**

1. Original Letter of Certification from your resident license jurisdiction dated within 90 days of application (copies of your resident license are not acceptable)
2. Any jurisdiction specific attachments listed in the Matrix of State Requirements

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